



# USAREUR Safety Office

## How to fill out an AGAR

*A self-paced tutorial to assist you in completing  
the DA Form 285-AB-R,  
The US Army Abbreviated Ground Accident  
Report.*

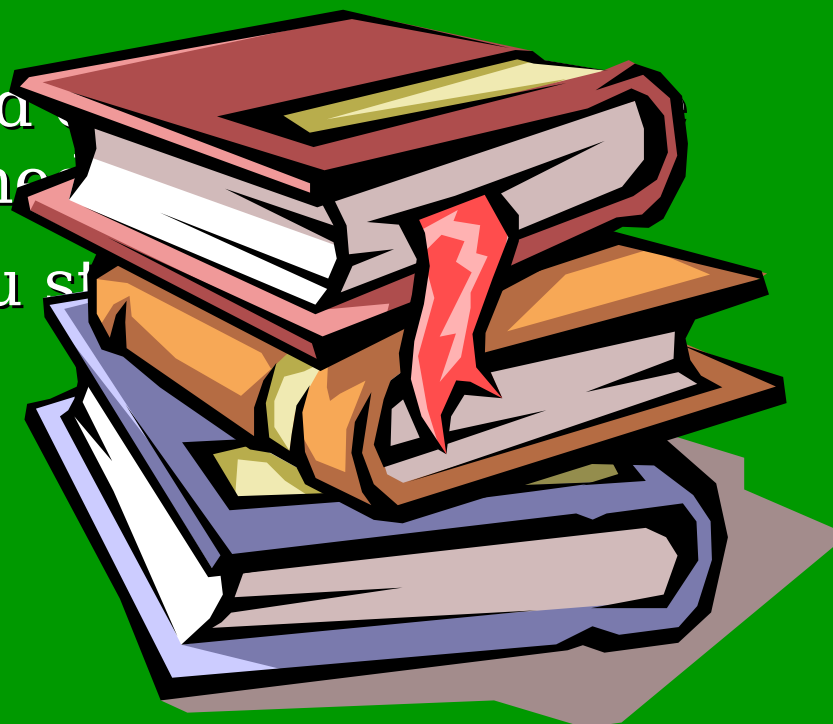
So, you have completed your safety investigation and been tasked to complete the DA FORM 285-AB-R, the US Army Abbreviated Ground Accident Report (AGAR). *Now What do you do?*

The next several slides will guide you through the proper way to initiate the AGAR, select the correct accident classification, and determine the proper codes for each block.

Once the AGAR has been filled out, the review process will be explained.

What you will need before you start:

- ✓ AR 385-40,
- ✓ DA Pam 385-40,
- ✓ USARUER Reg 385-40,
- ✓ a pencil and of course,
- ✓ an AGAR report form.



U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)										REQUIREMENT CONTROL SYMBOL CSOCS-308			
For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA													
1. TIME & DATE OF ACCIDENT		a. Yr	b. Mth	c. Day	d. Time	2. PERIOD OF DAY		Day	Night	3. ACCT CLASS	4. ACCT OCCURRED DURING		Combat
5. UNIT IDENTIFICATION		a. UIC (6-digit Code)			b. Name of Unit				c. Unit's Branch		d. MACOM		
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site)								b. Type			
c. State / Country		d. Off-post	On-post		Name:		7. EXPLOSIVES/AMMO		a. Present	Yes	No	b.	
Involved		Yes	No										

First, lets talk about the form itself.

Designated as the DA Form 285-AB-R, Abbreviated Ground Accident Report (AGAR) it can be found on Form Flow, Forms Engine and all the other current form producing software available to the US Army.

It may also be found as a Microsoft Word® document or template.

The AGAR has 7 main parts:

<input type="checkbox"/> No	
b. Code	

# The AGAR has 7 main parts;

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)												REQUIREMENT CONTROL SYMBOL CSOCS-308	
For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA													
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5. UNIT IDENTIFICATION		a. UIC (6-digit Code)			b. Name of Unit				c. Unit's Branch		d. MACOM		
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site)								b. Type			
Location		c. State / Country		d. Off-post	On-post Name:			7. EXPLOSIVES/AMMO		a. Present	Yes	No	b.
Involved		Yes	No										
8. MISSION		a. Briefly describe the mission											
Task?		Yes	No										
9. VEHICLE / EQUIPMENT / MATERIAL INVOLVED												Material Failure / Malfunction	
Information		a. Type of Item (Nomenclature)	b. Model #	c.	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR / QDR Submitted	
Ownership													
Unit Command Supervision				M	Other	Equip / Material not provided			inadequate				
Maintenance				FM	None Exists	Inadequate Facilities/Services			Other				
11. NAME (Last, First, MI) (Include address & UIC if different than Blks 5a & 8.)						12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION		14. MOS		15. DUTY STATUS	
						Off-duty						On-duty	
20. MOST SEVERE INJURY (See Instructions)						17. Degree		18. PAY GRADE		c. Body Part		STATUS	
												d. Cause	
21. DAYS HOSPITALIZED		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below											
22. WORKDAYS		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK									
a. Lost													
b. Restricted													
25. PERSONAL PROTECTIVE EQUIPMENT				26. ALCOHOL / DRUGS / CAUSED / CONT				27. EQUIP THIS PERSON ASSOCIATED WITH? (Enter item No. from Blk 9a.):					
a. Required	b. Type Equip	c. Available	d.	28. LICENSED TO OPERATE	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICLE TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING ECERCISE		35. NIGHT VISION SYSTEM USED	
used	Yes	#1:	#1:	#1						Yes If Yes, provide name		Yes If Yes, provide name	
	No	#2:	#2:	#2	Yes	No	Yes	No		Yes If Yes, provide name		Yes If Yes, provide name	
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO THE ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.													
a. Mistake		c. Tell what mistake was and how it caused / contributed to the accident.											
Yes													
No													
b. Code													

# The AGAR has 7 main parts;

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)												REQUIREMENT CONTROL SYMBOL CSOCS-308			
For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA															
1. TIME & DATE OF ACCIDENT		a. Yr	b. Mth	c. Day	d. Time	2. PERIOD OF DAY		Day	Night	3. ACCT CLASS	4. ACCT OCCURRED DURING		Combat		
5. UNIT IDENTIFICATION		a. UIC (6-digit Code)			b. Name of Unit				c. Unit's Branch		d. MACOM				
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site)								b. Type					
Location		c. State / Country		d. Off-post	On-post Name:				7. EXPLOSIVES/AMMO		a. Present	Yes	No	b.	
Involved		Yes		No		8. MISSION								a. Briefly describe the mission	b. METL
9. VEHICLE / EQUIPMENT / MATERIAL INVOLVED															
Material Failure / Malfunction															
a. Type of Item (Nomenclature)		b. Model #	c.	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR / QDR Submitted				
#1												Yes	No		
#2												No	Yes		
10. WHY DID THE MATERIAL FAIL / MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to material failure.)															
a. LEADER (Not ready, willing to enforce standards)		STDS / PROCEDURES (Not clear, Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip /		b. Describe how the material failed / malfunctioned and explain why (root cause)									
Supplies / services / facilities		AR		SOP		Equip / Material improperly designated								Inadequate	
Manufacture		TM		Other		Equip / Material not provided								Inadequate	
Maintenance		FM		None Exists		Inadequate Facilities/Services								Other	
11. NAME (Last, First, MI) (Include address & SIC if different than DA Form 385-40)															
Off-duty															
12. NIGHT STATUS															
d. Cause															
13. RESTRICTED															
14. PERSONAL PROTECTIVE EQUIPMENT															
25. PERSONAL PROTECTIVE EQUIPMENT		26. ALCOHOL / DRUGS / CAUSED / CONT		Yes		No		Unk		27. EQUIP THIS PERSON ASSOCIATED WITH? (Enter item No. from Blk 9a.):					
a. Required	b. Type Equip	c. Available	d.	28. LICENSED TO OPERATE	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICLE TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING ECERCISE	35. NIGHT VISION SYSTEM USED				
Yes	#1:	#1:	#1	Yes	No		Yes	No		Yes If Yes, provide name	Yes If Yes, provide name				
No	#2:	#2:	#2	Yes	No		Yes	No		No	No				
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO THE ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.															
a. Mistake		c. Tell what mistake was and how it caused / contributed to the accident.													
Yes															
No															
b. Code															

2) Equipment Information involved in the accident

# The AGAR has 7 main parts;

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)												REQUIREMENT CONTROL SYMBOL CSOCS-308					
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6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site)								b. Type							
c. State / Country		d. Off-post	On-post Name:			7. EXPLOSIVES/AMMO			a. Present	Yes	No	b.					
8. MISSION		a. Briefly describe the mission								b. METL							
9. VEHICLE / EQUIPMENT / MATERIAL INVOLVED		Material Failure / Malfunction															
j. Part Manufacturer Code		k. EIR / QDR Submitted															
		Yes No Yes No															
		the material failed / malfunctioned and (root cause)															
11. NAME (Last, First, MI) (Include address & UIC if different than Blks 5a & 6a)				12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION		14. MOS		15. DUTY STATUS		On-duty					
				Off-duty													
20. MOST SEVERE INJURY (See Instructions)				17. Degree		18. PAY GRADE		c. Body Part STATUS		d. Cause							
21. DAYS HOSPITALIZED		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below															
22. WORKDAYS		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK													
a. Lost																	
b. Restricted																	
25. PERSONAL PROTECTIVE EQUIPMENT				26. ALCOHOL / DRUGS / CAUSED / CONT				Yes		No		Unk		27. EQUIP THIS PERSON ASSOCIATED WITH? (Enter item No. from Blk 9a.):			
a. Required	b. Type Equip	c. Available	d.	28. LICENSED TO	29. HRS	30. HRS	31. TACTICLE	32. TYPE TRAINING	33. LAST	34. FIELD TRAINING	35. NIGHT VISION SYSTEM						
<input type="checkbox"/> Yes	#1:	#1:	#1	OPERATE							<input type="checkbox"/> Yes If Yes, provide name <input type="checkbox"/> Yes If Yes, provide name						
<input type="checkbox"/> No	#2:	#2:	#2	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> No						
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO THE ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.																	
a. Mistake		c. Tell what mistake was and how it caused / contributed to the accident.															
<input type="checkbox"/> Yes																	
<input type="checkbox"/> No																	
b. Code																	

3) Personnel Information,  
and related personal equipment  
information

# The AGAR has 7 main parts;

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5. UNIT IDENTIFICATION		a. UIC (6-digit Code)			b. Name of Unit				c. Unit's Branch			d. MACOM					
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site)								b. Type							
Location		c. State / Country		d. Off-post	On-post Name:			7. EXPLOSIVES/AMMO			a. Present	Yes	No	b.			
Involved		8. MISSION a. Briefly describe the mission															
Task?		b. METL															
9. VEHICLE / EQUIPMENT / MATERIAL INVOLVED																	
Material Failure / Malfunction																	
Information		a. Type of Item (Nomenclature)	b. Model #	c.	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR / QDR Submitted					
Ownership																	
#1																	
#2																	
10. WHY DID THE MATERIAL FAIL / MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to material failure.)																	
a.		LEADER (Not ready, willing to enforce standards)				STDS / PROCEDURES (Not clear, Not practical)				SUPPORT (Shortcomings in type, capability, amount or condition of equip /				b. Describe how the material failed / malfunctioned and explain why (root cause)			
Supplies / services / facilities		Direct Supervision				AR				SOP				Equip / Material improperly designated		Inadequate	
Manufacture		Unit Command Supervision				TM				Other				Equip / Material not provided		Inadequate	
20. MOST SEVERE INJURY (See instructions)																	
18. Degree																	
16. PAY GRADE																	
14. Body Part STATUS																	
12. Cause																	
21. DAYS HOSPITALIZED		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below															
22. WORKDAYS		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK													
a. Lost																	
b. Restricted																	
25. PERSONAL PROTECTIVE EQUIPMENT				26. ALCOHOL / DRUGS / CAUSED / CONT				27. EQUIP THIS PERSON ASSOCIATED WITH? (Enter item No. from Blk 9a.):									
Used				Yes				No				Unk					
#1:				#1:				#1				OPERATE					
#2:				#2:				#2				ON DUTY					
												SLEEP					
												TRAINING					
												FACILITY					
												TRAINING					
												EXERCISE					
												USED					
												Yes If Yes, provide name					
												Yes If Yes, provide name					
												No					
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO THE ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.																	
a. Mistake		c. Tell what mistake was and how it caused / contributed to the accident.															
Yes																	
No																	
b. Code																	

# The AGAR has 7 main parts:

37. WHY WAS THE MISTAKE MADE (ROOT CAUSES) (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to mistake.)												
a. INDIVIDUAL	LEADER (Due to own personal factors)	TRAINING (Insufficient inn conten	STDs / PROCEDURES (Not clear, Not practical)				SUPPORT (Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)				(Mistake	
Direct Supervision		School				AR	SOP	Equip / Material improperly designated	Inadequate Manufacture			Poor / Bad
Unit Command Supervision		Unit				TM	Other	Equip / Material not provided	Inadequate Maintenance			Overconfident
Higher Command Supervision		Experience, OJT				FM	None Exists	Inadequate Facilities/Services	Other			In a hurry
b. Describe root cause(s) and tell how it / they caused the mistake										38. ENVIRONMENTAL CONDITIONS a. Present b. Caused / Contributed		
										#1:	Yes	No
										Unk		
										#2:	Yes	No
										#3:	Yes	No
										Unk		

39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT (Use additional sheets if required.) (Explain sequence of events, tell how accident happened)

## 4) Mistake Information (continued)

40. CORRECTIVE ACTION(S) TAKEN OR PLANNED>

41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI):

b. Telephone #

42. COMMAND REVIEW a. Name

c. Rank

43. SAFETY OFFICE REVIEW

b. Date

b. Signature  
Date:

d.

a. Name



# The AGAR has 7 main parts:

## 5) Synopsis of accident

37. WHY WAS THE MISTAKE MADE (ROOT CAUSES) (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to mistake.)										
a. INDIVIDUAL	LEADER (Not ready, willing to enforce standards)	TRAINING (Insufficient inn content)	STDs / PROCEDURES (Amount) (Not clear, Not practical)	SUPPORT (Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)				(Mistake)		
				Equip / Material improperly designated	Inadequate Manufacture			Poor / Bad		
				Equip / Material not provided	Inadequate Maintenance			Overconfident		
				Inadequate Facilities/Services	Other			In a hurry		
							38. ENVIRONMENTAL CONDITIONS			
							a. Present Contributed			
							b. Caused /			
							#1:	Yes	No	
							#2:	Yes	No	
							#3:	Yes	No	
39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT (Use additional sheets if required.) (Explain sequence of events, tell how accident happened)										
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED>										
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT										
a. Name (Last, First, MI):					b. Telephone #					
42. COMMAND REVIEW a. Name					c. Rank		43. SAFETY OFFICE REVIEW		b. Date	
b. Signature					d.		a. Name			
Date:										

# The AGAR has 7 main parts:

37. WHY WAS THE MISTAKE MADE (ROOT CAUSES) (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to mistake.)														
a. INDIVIDUAL	LEADER	TRAINING	STDS / PROCEDURES				SUPPORT				(Mistake)			
Due to own personal factors)	Ready, willing to enforce standards)	(Insufficient inn conten / Amount)	(Not clear, Not practical)	(Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)										
Direct Supervision		School				AR	SOP	Equip / Material improperly designated	Inadequate Manufacture		Poor / Bad			
Unit Command Supervision		Unit				TM	Other	Equip / Material not provided	Inadequate Maintenance		Overconfident			
Higher Command Supervision		Experience, OJT				FM	None Exists	Inadequate Facilities/Services	Other		In a hurry			
b. Describe root cause(s) and tell how it / they caused the mistake										38. ENVIRONMENTAL CONDITIONS				
										a. Present				
										b. Caused / Contributed				
										#1: Unk	Yes No			
										#2: Unk	Yes No			
										#3: Unk	Yes No			
39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT (Use additional sheets if required.) (Explain sequence of events, tell how accident happened)														
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED>														
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT														
a. Name (Last, First, MI):										b. Telephone #				
42. COMMAND REVIEW a. Name										c. Rank		43. SAFETY OFFICE REVIEW		b. Date
b. Signature										d.		a. Name		
Date:														

## 6) Corrective Action

# The AGAR has 7 main parts:

37. WHY WAS THE MISTAKE MADE (ROOT CAUSES) (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to mistake.)														
a. LEADER		TRAINING		STDS / PROCEDURES		SUPPORT					(Mistake)			
Due to own personal factors)		(Insufficient inn conten		(Not clear, Not practical)		(Shortcomings in type, capability, amount or condition of equip / supplies / services / facilities.)								
INDIVIDUAL	Direct Supervision		School			AR	SOP		Equip / Material improperly designated	Inadequate Manufacture		Poor / Bad		
attitude	Unit Command Supervision		Unit			TM	Other		Equip / Material not provided	Inadequate Maintenance		Overconfident		
	Higher Command Supervision		Experience, OJT			FM	None Exists		Inadequate Facilities/Services	Other		In a hurry		
b. Describe root cause(s) and tell how it / they caused the mistake											38. ENVIRONMENTAL CONDITIONS			
											a. Present			
											b. Caused / Contributed			
											#1:	Yes	No	
											Unk			
											#2:	Yes	No	
											Unk			
39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT (Use additional sheets if required.) (Explain sequence of events, tell how accident happened)											#3:	Yes	No	
											Unk			
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED>														
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT														
a. Name (Last, First, MI):										b. Telephone #				
42. COMMAND REVIEW a. Name										c. Rank		43. SAFETY OFFICE REVIEW		b. Date
b. Signature										d.		a. Name		
Date:														

## 7) Command Review and Point of Contact Information

Input Codes: Many blocks require a certain input code that best describes the answer to the related question.

The number of codes for each block varies, but almost all situations have been addressed.

Choose the best code for each block that describes  
the most correct information.

All codes used on the DA Form 285-AB-R (AGAR) can be located in the DA Pam 385-40, Codes not located in a table, may be located in Figure 4.1 of Pam 385-40

The last tiger to tame before we start filling out the form is the Accident Classification.

AR 385-40 can best assist you in determining which class of accident you are investigating.

Quickly though, there are 4 classes of ground accidents;

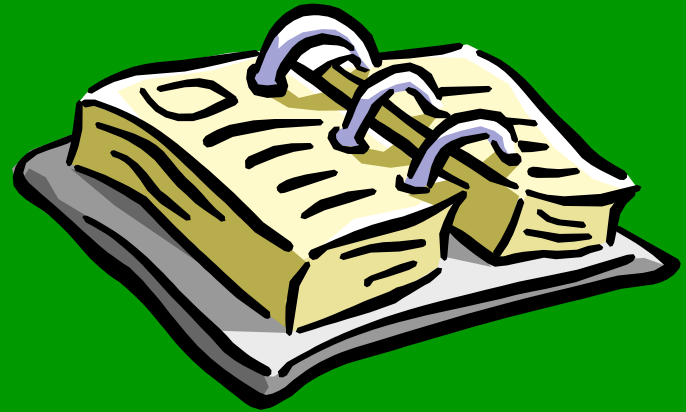
Class\* A, B, C, D. The thresholds for each level of accidents are further explained in AR 385-40.

Class A	Class B	Class C	Class D
Fatality or ≥\$1 mil	Permanent Partial Disability or ≥\$200K but < \$1 mil	Lost Time Injury Or ≥\$20K < \$200K	≥ \$2000 but < \$20K

\*These thresholds reflect the current change to AR 385-40, dated 03 OCT 00

OK, lets begin, Block 1 is pretty easy,

- Year is the last two digits, i.e.; 2002 would be 02.
  - Month and day will be the same way, 2-digits  
01 equals January and the day as 01,02,03 etc.
  - The time will be in 24 hour military time,  
and local time zone must be used.



**1. TIME & DATE OF ACCIDENT**

**a. Yr**

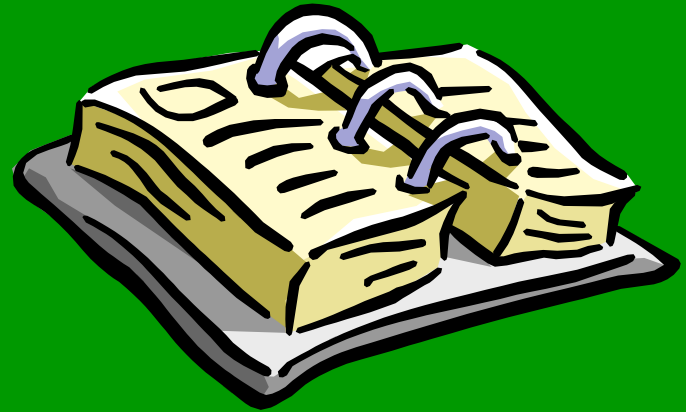
**b. Mth**

**c. Day**

**d. Time**

OK, lets begin, Block 1 is pretty easy,

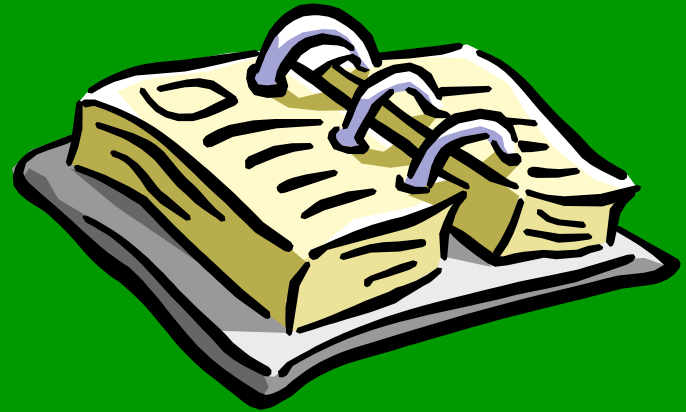
- Year is the last two digits, i.e.; 2002 would be 02.
- Month and day will be the same way, 2-digits  
01 equals January and the day as 01,02,03 etc.
- The time will be in 24 hour military time,  
and local time zone must be used.



1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time
----------------------------	-------	--------	--------	---------

OK, lets begin, Block 1 is pretty easy,

- Year is the last two digits, i.e.; 2002 would be 02.
  - Month and day will be the same way, 2-digits  
01 equals January and the day as 01,02,03 etc.
- The time will be in 24 hour military time,  
and local time zone must be used.



1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time
----------------------------	-------	--------	--------	---------



**Block 2** is a check the box. Was it dark? Was the sun up? If this is unknown, contact your weather personnel, they can advise the time of military sunset and sunrise.

2. PERIOD OF DAY	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night
------------------	--------------------------	-----	--------------------------	-------



**Block 3:** We talked about the Accident Classification a few slides ago, enter the letter code ( A, B, C, or D) for this accident here.

3. ACDT CLASS	<b>D</b>
---------------	----------

**Block 4** is a check the box. Was it during combat? Hostile actions?

Only Check one box!

4. ACDT OCCURRED DURING	<input type="checkbox"/>	Combat	<input type="checkbox"/>	Non-Combat
-------------------------	--------------------------	--------	--------------------------	------------



## Block 5: UIC, Name, Branch and MACOM.

Unit branch will be 2 letters, Infantry is IN, Armor is AR etc

( for further information see Table 4-2, Pam 385-40).

Here is an example  
USAREUR.

**5. UNIT**

**IDENTIFICATION**

**a. UIC (6-digit Code)**

W8BLAA

(W8BLAA)\*

**b. Name of Unit**

HHC, 3/416 In Bn

(HHC, 3/416 In Bn)\*

**c. Unit's Branch**

IN

(IN)\*

**d. MACOM**

USAREUR

(USAREUR)\*

**Table 4-2**

Adjutant's General Corp	
AG	
Air Defense Artillery	
AD	
Armor	AR
Army Medical Specialist Corps	
SP	
Army Nurse Corp	
AN	
Aviation	AV
Chaplain	CH
Chemical	CM
Dental Corps	
DC	
Engineers	EN
Field Artillery	FA
Finance Corps	FC
Infantry	IN
Judge Advocate General's Corp	
JA	
Medical Corps	
MC	
Medical Service Corps	
MS	
Military Intelligence	MI
Military Police	MP
Ordnance	OR

\* These are just examples, Be sure to use your own in

## Block 6. The Accident Location

**Block 6a** is the physical description of the location, enough information is needed so as to be able to return to the exact site.

### 6. LOCATION OF

#### a. Exact Location *(Detailed enough to locate site)*

#### ACCIDENT

Example: 50 feet east of intersection with Hwy B7 on Hwy B40, Mannheim, Germany

In **Block 6b**, locate the correct location type code in Table 4-3, Pam

#### b. Type Location

**B3**

This entry, "B3" indicates the location is most likely a roadway.

#### c. State/Country

**Germany**

#### |Table 4-3. Types of Accident Locations |\*

##### Maintenance/fabrication facility

|A1 |Vehicle facility (motor pool, maintenance shop) |

|A2 |Aircraft facility (hangar) |

|A3 |Vessel facility (boat overhaul/rebuild facility) |

|A4 |Engineer facility (carpentry/electrical/plumbing shop) |

|A5 |Other maintenance facility |

##### Travel ways |

|B1 |Pedestrian way (sidewalk) |

|B2 |Vehicle trail (tank trail) |

|B3 |Roadway (street, curb, shoulder, driveway)

\*This is an excerpt of Table 4-3, DA Pam 385

In **Block 6c**, for Europe, enter the country.

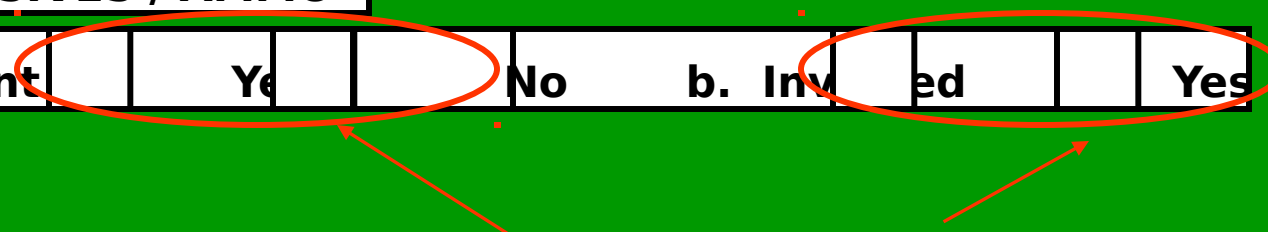
#### d. ☐ Off Post ☐ On Post

**Able Barracks, Mannheim**

**Block 6d**, check the box. An "On Post" selection requires the name of

**Block 7**, Again, another “check the box”. Part A, “Was there Ammo or explosives present?” Part B, “Were they involved?”

<b>7. EXPLOSIVES / AMMO</b>											
a. Present		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	b. Involved		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes
No											




**You can not mark Part A no and Part B yes.**

**Block 8a**, Briefly describe, as in a direct short statement  
Example: Conducting Morning PT, Road march, Performing PMCS,

<b>8. MISSION</b>	<b>a. Briefly describe the mission</b>
-------------------	--

**Block 8b**, if you are not sure if it was a METL Task, see your commander for guidance.

b. METL Task?	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>
No					



# Block 9

9. VEHICLE / EQUIPMENT INVOLVED							Material Failure / Malfunction			
a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacture Code	k. EIR / QDR Submitted
#1:										<input type="checkbox"/> Yes <input type="checkbox"/> No
#2:										<input type="checkbox"/> Yes <input type="checkbox"/> No

- Part a: What is it? Sedan, 2 ½ Ton truck, APC, forklift.
- Part b: Model? M918, M988, UH-60.
- Part c: Ownership? DOD, DA (if POV, last name of owner/driver).
- Part d: ECOD, Best source is a Technical Inspection. Don't Guess!
- Part e: Collision Codes, Choose the best code to the type of collision.

*Up to 3 codes from Pam 385-40, Figure 4-6 may be used. If no collision, leave blank.*

# Block 9

9. VEHICLE / EQUIPMENT INVOLVED							Material Failure / Malfunction			
a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacture Code	k. EIR / QDR Submitted
#1:										<input type="checkbox"/> Yes <input type="checkbox"/> No
#2:										<input type="checkbox"/> Yes <input type="checkbox"/> No

- Part g: What was the part that failed?. Leave blank if “none”, “unk” for unknown.
- Part h: Enter the part number.
- Part I: Enter NSN, if unknown, contact your PLL clerk for assistance.
- Part J: Enter part manufacture
- Part k: Check the appropriate box if submitted.

#6

#3

#4

9. VEHICLE / EQUIPMENT INVOLVED		
a. Type of Item (Nomenclature)	b. Model #	c. Ownership
#1:		
#2:		

9. VEHICLE / EQUIPMENT INVOLVED		
a. Type of Item (Nomenclature)	b. Model #	c. Ownership
#1:		
#2:		

9. VEHICLE / EQUIPMENT INVOLVED		
a. Type of Item (Nomenclature)	b. Model #	c. Ownership
#1:		
#2:		

**Important!** Block 9 is where you list any equipment involved, whether it was damaged or not. Although there is only two rows for two different pieces of equipment, additional AGARs will be used if additional equipment was present; i.e.; 3 vehicles involved in a motor vehicle accident, or a forklift hits a photocopier and falls onto a coffee pot.

# Block 10

## 10. WHY DID THE MATERIAL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b, Explain how the root causes(s) led to the material

failure/malfunction.)		LEADER		STDS/PROCEDURES		SUPPORT	
<input type="checkbox"/>	(Not ready / willing to enforce standards) Equip / supplies / facilities	<input type="checkbox"/>	(Not clear / Not practical)	<input type="checkbox"/>	(Shortcomings in type, acceptability, or condition of	<input type="checkbox"/>	
<input type="checkbox"/>	Direct Supervision Manufacture	<input type="checkbox"/>	AR SOP	<input type="checkbox"/>	Equip / Material Improperly	<input type="checkbox"/>	Inadequate
<input type="checkbox"/>	Unit Command Supervision	<input type="checkbox"/>	TM Other	<input type="checkbox"/>	designed Equip / Material not provided	<input type="checkbox"/>	Inadequate

➤ **Part a:** Check the block or blocks that best describe why the material that failed.

➤ **Leader:** Did it fail because maintenance priorities were elsewhere?

➤ **Standards / Procedures:** Was the TM etc., incorrect or misleading?

➤ **Support:** Was it poorly designed or maintained?

This section is looking for subjective observations. There may be times when an item is fielded with incorrect guidance, and it is not until a near miss or worse, a fatality, brings the shortcoming to light. Your observations of this incident's unique attributes may be enough to establish a trend. This trend may lead to corrective action and eliminate further problems.

b. Describe how the material failed / malfunctioned and explain why (root cause).

# Block 11

**11. Name (Last, First, MI)** (Include address & UIC if different than Blks 5a&b.)

- Block 11. Name: Enter Last name, first name, and middle initial
  - Include address and UIC: This may be the case if a friend from another unit was riding in the vehicle.
  - Everybody is entered!: Every person involved in the mishap, victims, occupants, civilians in other vehicles.

On the DA Form 285-AB-R, there is only room for one person to be listed. In the event of multiple persons involved with a mishap, a separate AGAR must be completed for each person. Blocks 1-6 must be completed for each additional AGAR, and blocks 11-36. The narrative in Block 39 is not necessary for each separate AGAR, unless additional space is needed from the first AGAR

If multiple vehicles were involved, the driver should be listed on the same sheet as their vehicle listed in Block 9.



# Block 12 through 19

12. SOCIAL SECURITY #		13. Personnel Classification		14. MOS	15. DUTY STATUS			
On-duty	Off-duty							
16. AGE		17. SEX	18. PAY GRADE		19. FLIGHT			
STATUS		Yes	No					

➤ Block 12: Enter SSN, any questions?

➤ Block 13: Select from the list at figure 4-1, Block 27,

DA Pam 385-40 that best describes the person involved.

➤ Block 14: MOS for Army personnel, Job Series for civilians.

➤ Block 15: Were they On-duty or Off-duty?

➤ Block 16: Age at time of mishap.

➤ Block 17: This is not a yes or no question, M for male and F for female.

➤ Block 18: Pay grade at time of mishap, E-4, O-3, GS-11.

➤ Block 19: Is the individual on flight status?

**Figure 4-1,  
Block 27 of the DA 285**

Active Army	a
Army Civilian	b
Army Contractor	c
Nonappropriated Fund (NAF)	d
Other US Military	e
ROTC	f
Dependent	g
NGB Tech	h
NGB IDT	i
NGB AT	j
NGB ADSW	k
NGB AGR	l
NGB ADT	m
USAR IDT	n
USAR AT	o
USAR ADT	p
USAR FTM	q
Foreign National Direct Hire	r
Foreign National Indirect Hire	s
Foreign National KATUSA	t
Foreign Mil Att'd to US Army	u
Public	v
Not Reported	w

## Block 20

20. MOST SEVERE INJURY (See Instructions)	a. Degree:	b. Type:	c. Body Part:
d. Cause:			

In Block 20, select the codes that best describes each of the four following questions for the most severe injury.

➤ Part a: This describes the degree, Fatal to First Aid. If more than one applies, enter the most severe.

➤ Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.

➤ Part c: Was it a hand, arm, foot? Enter the most severe.

➤ Part d: How did the injury

2. Stomach, back, head

# Block 20

## 20. MOST SEVERE INJURY (See Instructions)

d. Cause

a. Degree:

b. Type:

c. Body Part:

In Block 20, select the codes that best describes each of the four following questions for the most severe injury.

➤ Part a: This describes the degree, Fatal to First Aid. If more than one applies, enter the most severe.

➤ Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.

➤ Part c: Was it a hand, arm, foot? Enter the most severe.

➤ Part d: How did the injury

### Cause

#### Figure 4-1,

#### Block 28 of the DA 285

Struck Against	a
Struck By	b
Fell From Elevation	c
Fell From Same Level	d
Caught in/under/between	e
Rubbed / Abraded	f
Bodily Reaction	g
Overexertion	h

### Type

#### Figure 4-1,

#### Block 30 of the DA 285

Exposure	i
External Contact	j
Ingested	k
Burns (chemical)	l
Inhaled	m

Burns (thermal)	n
Amputation	o
Decompression Sickness	p
Asphyxiation (suffocation)	q
Fractures	r
Dislocation	s
Abrasions	t
Concussions	u
Sprain / Strain	v

### Degree

#### Figure 4-1,

#### Block 26 of the DA 285

Fatal	a
Permanent Total Disability	b
Permanent Partial Disability	c
Days Away From Work	d
Restricted Work Activity	e
First Aid Only	f
No Injury	g

### Body Part

#### Figure 4-1,

#### Block 29 of the DA 285

Body (general)	a
Head	b
Forehead	c
Eyes	d
Nose	e
Jaw	f
Neck	g
Trunk	h
Heart	i
Back	j
Shoulder	k
Arm	l
Wrist	m
Hand	n
Fingers	o
Leg	p
Knee	q
Ankle	r
Foot	s
Toes	t
Other (specify)	u

# Block 20

## 20. MOST SEVERE INJURY (See Instructions)

d. Cause

a. Degree:

b. Type:

c. Body Part:

In Block 20, select the codes that best describes each of the four following questions for the most severe injury.

➤ Part a: This describes the degree, Fatal to First Aid. If more than one applies, enter the most severe.

➤ Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.

➤ Part c: Was it a hand, arm, foot? Enter the most severe.

➤ Part d: How did the injury

Cause Figure 4-1, Block 28 of the DA 285	
Struck Against	a
Struck By	b
Fell From Elevation	c
Fell From Same Level	d
Caught in/under/between	e
Rubbed / Abraded	f
Bodily Reaction	g
Overexertion	h
Exposure	i
Type Figure 4-1, Block 30 of the DA 285	
External Contact	j
Ingested	k
Burns (chemical)	l
Inhaled	a
Burns (thermal)	b
Amputation	c
Decompression Sickness	d
Asphyxiation (suffocation)	e
Fractures	f
Dislocation	g
Abrasions	h
Concussions	i
Sprain / Strain	j

Degree Figure 4-1, Block 26 of the DA 285	
Fatal	a
Permanent Total Disability	b
Permanent Partial Disability	c
Days Away From Work	d
Restricted Work Activity	e
First Aid Only	f
No Injury	g
Body Part Figure 4-1, Block 29 of the DA 285	
Body (general)	a
Head	b
Forehead	c
Eyes	d
Nose	e
Jaw	f
Neck	g
Trunk	h
Heart	j
Back	k
Shoulder	l
Arm	m
Wrist	n
Hand	o
Fingers	p
Leg	q
Knee	r
Ankle	s
Foot	t
Toes	u
Other (specify)	v

# Block 20

## 20. MOST SEVERE INJURY (See Instructions)

d. Cause

a. Degree:

b. Type:

c. Body Part:

In Block 20, select the codes that best describes each of the four following questions for the most severe injury.

➤ Part a: This describes the degree, Fatal to First Aid. If more than one applies, enter the most severe.

➤ Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.

➤ Part c: Was it a hand, arm, foot? Enter the most severe.

➤ Part d: How did the injury

### Cause

#### Figure 4-1,

#### Block 28 of the DA 285

Struck Against	a
Struck By	b
Fell From Elevation	c
Fell From Same Level	d
Caught in/under/between	e
Rubbed / Abraded	f
Bodily Reaction	g
Overexertion	h

### Type

#### Figure 4-1,

#### Block 30 of the DA 285

Exposure	i
External Contact	j
Ingested	k
Burns (chemical)	l
Inhaled	m

Burns (thermal)	b
Amputation	c
Decompression Sickness	d
Asphyxiation (suffocation)	e
Fractures	f
Dislocation	g
Abrasions	h
Concussions	i
Sprain / Strain	j

### Degree

#### Figure 4-1,

#### Block 26 of the DA 285

Fatal	a
Permanent Total Disability	b
Permanent Partial Disability	c
Days Away From Work	d
Restricted Work Activity	e
First Aid Only	f
No Injury	g

### Body Part

#### Figure 4-1,

#### Block 29 of the DA 285

Body (general)	a
Head	b
Forehead	c
Eyes	d
Nose	e
Jaw	f
Neck	g
Trunk	h
Heart	i
Back	j
Shoulder	k
Arm	l
Wrist	m
Hand	n
Fingers	o
Leg	p
Knee	q
Ankle	r
Foot	s
Toes	t
Other (specify)	u

# Block 20

## 20. MOST SEVERE INJURY (See Instructions)

d. Cause

a. Degree:

b. Type:

c. Body Part:

In Block 20, select the codes that best describes each of the four following questions for the most severe injury.

➤ Part a: This describes the degree, Fatal to First Aid. If more than one applies, enter the most severe.

➤ Part b: This is asking for the type, i.e.; Burn, Fracture etc. Only select the most severe injury.

➤ Part c: Was it a hand, arm, foot? Enter the most severe.

➤ Part d: How did the injury

Cause Figure 4-1, Block 28 of the DA 285	
Struck Against	a
Struck By	b
Fell From Elevation	c
Fell From Same Level	d
Caught in/under/between	e
Rubbed / Abraded	f
Bodily Reaction	g
Overexertion	h
Type Figure 4-1, Block 30 of the DA 285	
Exposure	i
External Contact	j
Ingested	k
Burns (chemical)	l
Inhaled	m
Burns (thermal)	n
Amputation	o
Decompression Sickness	p
Asphyxiation (suffocation)	q
Fractures	r
Dislocation	s
Abrasions	t
Concussions	u
Sprain / Strain	v

Degree Figure 4-1, Block 26 of the DA 285	
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Body Part Figure 4-1, Block 29 of the DA 285	
Body (general)	a
Head	b
Forehead	c
Eyes	d
Nose	e
Jaw	f
Neck	g
Trunk	h
Heart	i
Back	j
Shoulder	k
Arm	l
Wrist	m
Hand	n
Fingers	o
Leg	p
Knee	q
Ankle	r
Foot	s
Toes	t
Other (specify)	u

## Block 21 & 22

**21. DAYS  
HOSPITALIZED**

**22. WORKDAYS**

**a. Lost:**

**b. Restricted**

**In Block 21**, indicate the number of days the individual was or will be hospitalized. These days do not include hospitalized for observation only.

**In Block 22a**, enter the number of days the individual will be away from work. This includes bed rest or quarters. Do not include days hospitalized in workdays lost.

**In Block 22b**, enter the number of workdays the individual has not been or will not be able to perform all of their regular duties AFTER going back to work. Also known as “Light Duty” or “Profile”.

**Note:** Never include the day of the accident in your count in Blocks 21 or 22.

**Note:** Never hold up submitting an AGAR to determine actual time lost/hospitalized/restricted. Rather, indicate an estimate, and submit an updated AGAR if information has drastically changed.

# Block 23 & 24

## ACTIVITY OF INDIVIDUAL

*Provide code (from list in instructions) and describe in space below*

**23.  
CODE**

**24. SPECIFIC DESCRIPTION OF ACTIVITY /  
TASKCODE**

**Block 23:** Enter the code that best describes the individual's activity at the time of the accident.

**Block 24:** Be specific to the activities of the individual involved and listed in Block 11 of this form. If multiple people were involved, this block may be different for each person.

<b>Person's Action</b> <b>Figure 4-1,</b> <b>Block 31 of the DA 285</b>			
Soldering aa	a	Laundry/Dry Cleaning Services n	Hobbies
Combat Soldering bb	b	Pest/Plant Control o	Passenger
Physical Training cc	c	Operating Vehicle or Vessel p	Human Movement
Weapons Firing dd	d	Handling Animals q	Horseplay
Engineering / Construction ee	e	Maintenance/Repair/Services r	Bystanding/Spectator
Communications Security / Law Enforcement Consumption/ Fire Fighting ff	f g h	Fabricating Handling Material/Passengers Janitorial/Housekeeping/Grounds u	Personal Hygiene/ Food/Drink Sleeping



# Block 25

25. PERSONAL PROTECTIVE EQUIPMENT			
a. Required	b. Type Equip	c. Available	d. Used
<input type="checkbox"/> Yes	#1:	#1:	#1:
<input type="checkbox"/> No	#2:	#2:	#2:

**Block 25a:** Check “Yes” or “No” to indicate whether any personal protective clothing or equipment (PPE) was required for the activity. If Yes, complete blocks 25b-d.

**Block 25b:** Enter the code for the type of equipment or clothing that was required:

Seatbelt = **A**  
= **C**

Helmet = **B**

Goggles/glasses

Gloves = **D**  
**F**

Earplugs = **E**

Other (specify) =

**Block 25c & d:** If protective clothing or equipment was required, enter “Yes” or “No” in the appropriate blocks to indicate the items availability (Block 25c) and use/non-use (Block 25d).

**Block 25c:**

**Block 25d:**

Available and not used

No

Yes

Not Available

No

# Blocks 26 - 27

26. ALCOHOL / DRUGS CAUSED / CONT ☐ Yes ☐ No ☐ Unk

27. EQUIP THIS PERSON WAS ASSOCIATED WITH (Enter Item No. from Blk 9a):

**Block 26:** Alcohol, drugs; did they cause or contribute to the accident. Yes -means they did, no - means they did not, and Unk, or unknown means you did not know at the time of the accident. Many times a blood test result taken by local authorities may not be available at the time of submission. Mark “unk” and submit an updated AGAR when the results

**Block 27:** This block is used to establish which vehicle or piece of equipment this person is associated with.

11. Name (Last, First, MI)

As we remember back to Block #9, if there are more than 2 vehicles or pieces of equipment involved, additional sheets are needed to include all equipment. Also, it is a good idea to list the driver on the same AGAR as their vehicle, if there are multiple vehicles and persons involved.

#5

#6

#3

#4

9. VEHICLE / EQUIPMENT INVOLVED		
a. Type of Item (Nomenclature)	b. Model #	c. Ownership
#1:		
#2:		

9. VEHICLE / EQUIPMENT INVOLVED		
a. Type of Item (Nomenclature)	b. Model #	c. Ownership
#1:		
#2:		

9. VEHICLE / EQUIPMENT INVOLVED		
a. Type of Item (Nomenclature)	b. Model #	c. Ownership
#1:		
#2:		

# Blocks 26 - 27

26. ALCOHOL / DRUGS CAUSED / CONTRIBUTED TO ACCIDENT? ☐ Yes ☐ No ☐ Unk

27. EQUIP THIS PERSON WAS ASSOCIATED WITH (Enter Item No. from Blk 9a):

**Block 26:** Alcohol, drugs; did they cause or contribute to the accident. Yes - means they did, no - means they did not, and Unk, or unknown means you did not know at the time of the accident. Many times a blood test result taken by local authorities may not be available at the time of submission. Mark "unk" and submit an updated AGAR when the results

**Block 27:** This block is used to establish which vehicle or piece of equipment this person is associated with.

Block #9, if there are more than 2 vehicles or pieces of equipment involved, additional sheets are needed to include all equipment.

Also, it is a good idea to list the driver on the same AGAR as their vehicle, if there are multiple vehicles and persons involved

11. Name (Last, First, MI)

9. VEHICLE / EQUIPMENT

INVOLVED

a. Type of Item  
(Nomenclature)

#1:

#2:

9. VEHICLE / EQUIPMENT

INVOLVED

a. Type of Item  
(Nomenclature)

#1:

#2:

9. VEHICLE / EQUIPMENT

INVOLVED

a. Type of Item b. Model # c. Ownership  
(Nomenclature)

#1:

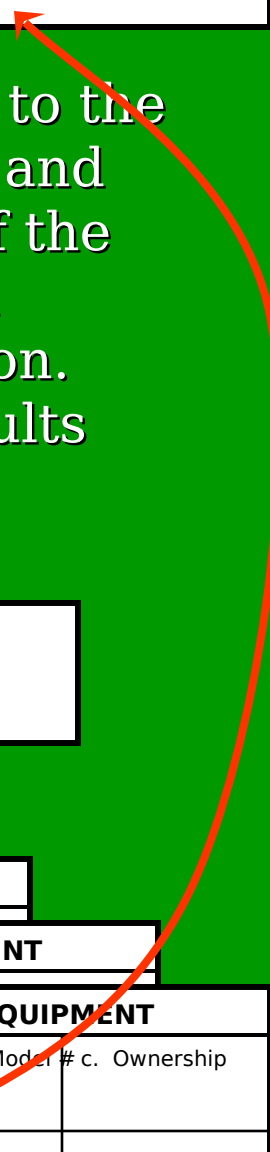
#2:

#5

#6

#3

#4



# Blocks 28 - 33

28. LICENSED TO OPERATE EQUIP	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Block 28:** Are they REALLY licensed? Is it on their 346? How about documented training on the 348? Do they have a valid civilian driver's license to operate a POV? Is it current, valid, or maybe suspended?

**Block 29:** How many hours both 'on-the-clock' and 'off-the-clock' have they had before the accident? Did you include before hours formations, PT, CQ, etc.

**Block 30:** How many hours of sleep? Enter the number of cumulative hours they had in the previous 24 hours.

**Block 31:** Was this during a training in a field environment that uses or develops combat or combat support skills? Enter yes if the activities listed in **Blocks 23 & 24** meets this definition.

**Block 32:** If the individual was participating in

Para 18, Legend 4-6  
DA Pam 385-40

Garrison  
Local Training Area  
Major Training Area  
C  
D  
JRTC  
CMTC

E

# Blocks 33 - 35

33. LAST TRAINING	34. FIELD TRAINING EXERCISE	35. NIGHT VISION SYSTEM USED
	<input type="checkbox"/> Yes If Yes, provide name. <input type="checkbox"/> No	<input type="checkbox"/> Yes If Yes, provide name. <input type="checkbox"/> No

**Block 33:** For the activity specified in Block 23 and 24, enter the number of months since the last time the individual received training, prior to the accident.

**Block 34:** Did the exercise have a name? Reforger, Rapid Guardian, Bright Star?

**Block 35:** Indicate if night vision system was used by the individual listed in block 23 prior to the accident. If

If they explain further in block 39.



## Blocks 36

**36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED THE ACCIDENT?** *In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.*

a. Mistake

☐ Yes

☐ No

b. Code

c. Tell what the mistake was and how it was caused / contributed to the accident.

**Block 36a:** In your opinion, did the individual make a mistake that caused / contributed to the accident?

**Block 36b:** Yes, you must select another code. For a complete list and explanation of mistake codes, go to DA Pam 385-40, Appendix B, Table B-2. Included at the end of this presentation is an AGAR quick reference guide which contains a partial list of these codes.

**Block 36c:** Describe the mistake and how it caused / contributed to the accident. ***BE SPECIFIC!*** Go to the next slide for an example.



# Blocks 36

**36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED THE ACCIDENT?** In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.

a. Mistake

☒ Yes

☐ No

b. Code

**52**

c. Tell what the mistake was and how it was caused / contributed to the accident.

**M109A6 howitzer driver trainee was being ground guided into a parking space. When given the signal to stop, driver moved his foot left to apply brakes and depressed upper accelerator pedal instead (52=improper braking – improper foot placement on pedal). Ground guide was run over.**

**Block 36a:** In your opinion, did the individual make a mistake that caused / contributed to the accident?

**Block 36b:** Yes, you must select another code. For a complete list and explanation of mistake codes, go to DA Pam 385-40, Appendix B, Table B-2. Included at the end of this presentation is an AGAR quick reference guide which contains a partial list of these codes.

**Block 36c:** Describe the mistake and how it caused / contributed to the accident. ***BE SPECIFIC!*** Go to the next slide for an example.

# Block 37a

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE) (Check the root cause(s) in Block a. In Block b, Explain how the root causes(s) led to the mistake.)						
a.	LEADER (Not ready / willing to enforce standards)	TRAINING (Insufficient in Content / Amount)	STDS/PROCEDURES (Not clear / Not practical)		SUPPORT (Shortcomings in type, acceptability, or condition of equipment / supplies / facilities)	
<input type="checkbox"/>	Direct Supervision	<input type="checkbox"/> School	<input type="checkbox"/>	<input type="checkbox"/> AR	<input type="checkbox"/> SOP	Equip / Material Improperly Inadequate
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	designed
<input type="checkbox"/>	Unit Command Supervision Inadequate Maintenance	<input type="checkbox"/> Unit	<input type="checkbox"/>	<input type="checkbox"/> TM	<input type="checkbox"/> Other	Equip / Material not provided

## Block 37a: Why was the mistake made (Root Cause)?

Mistakes can be caused by shortcomings from any of these areas. Its easy to point the finger at the individual, especially if they perished in the accident. Take an honest look across the board. Where is the Root Cause? Remember that preventing similar mishaps is the primary function of the accident investigation.

If a shortcoming was located in written guidance, was a notice of the deficiency forwarded as far as the individual is concerned, more than 60% of mishaps are attributed to individual error. In most cases, they had a history of high risk behavior. In many cases, people knew, and did nothing.

Individual Error (Mistake due to own personal factors)	
<input type="checkbox"/> Bad / Poor Attitude	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Overconfident	<input type="checkbox"/> Alcohol
<input type="checkbox"/> In a hurry	<input type="checkbox"/> Fear / Excitement



## **Block 37b**

b. Describe root cause(s) and tell how it / they caused the mistake

**Block 37b:** Here is your chance to explain what you believe the root cause of the accident might be. Explain in detail as to your selection(s) in Block 37a and why you believe it (they) caused / contributed to the accident.

Remember to not stop there. If there is a an identified deficiency, make sure the proper proponent is notified, and follow up on your notice.

# Block 38

## 38. ENVIRONMENTAL CONDITIONS

### a. Present Contributed

#1. ☐ Yes ☐ No ☐ Unk

#2. ☐ Yes ☐ No ☐ Unk

#3. ☐ Yes ☐ No ☐ Unk

### b. Caused /

☐ Yes ☐ No ☐ Unk

☐ Yes ☐ No ☐ Unk

☐ Yes ☐ No ☐ Unk

## Environmental Conditions

para23, Legend 4-6

DA Pam 385-40

Clear/Dry	a
Bright/Glare	b
Dark/Dim	c
Fog/condensation/frost	d
Mist/rain/sleet/hail	e
Snow/ice	f
Dust/fumes/gasses/smoke/vapors	g
Noise/bang/static	h
Temperature/humidity/(heat/cold)	i
Storm/hurricane/tornado	j
Wind/gust/turbulence	k
Vibrate/shimmy/sway/shake	l
Radiation/laser/sunlight	m
Holes/rocky/rough/rutted	n
Inclined/steep	o
Slippery (not due to precipitation)	p
Air pressure(bends, decompression, altitude)	q
Lightning/static electricity/grounding	r
Electromagnetic radiation (EMR)	s
Other (specify)	t

**Block 38:** In many cases, the environment is not the major contributing factor to the incident. But, just because it is hot and sunny, does not mean it is not part of the whole incident. 30 straight days of nice hot weather increases surface oil on heavily travel routes. Was braking distance hindered by surface oil?

Likewise, a light rain during a temperature drop could mean black ice!

Also included are codes for earthquakes, rough terrain, explosions, cliffs. Choose the codes (up to three) that best describes the environmental factors that were present at the time of the accident. Then indicate whether they caused or

## Block 39

**39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT** *(Use additional sheets if required.) (Explain sequence of events, tell how accident happened.)*

**Block 39:** Here is the meat of the report. This is where you tie in all the previous information and tell what happened. As a guide, use the 5W's & H (Who, What, When, Where, Why and How). The best format to use is a sequence of events. Start from before the accident, and paint a clear picture. The area is small, but use as much paper as you need to convey the the "story". Be sure to include the explanation of all the key personnel listed in Block 11. You can explain further, any special information about equipment or vehicles listed in Block 9.

## **Block 40**

### **40. CORRECTIVE ACTIONS(S) TAKEN OR PLANNED.**

**Block 40:** What did we learn from this accident? If this space is left blank, will we have to investigate another accident just like it?

This is the space for you, the investigator, to coordinate with the commander on how he/she can prevent future mishaps of this type.

Can we really not learn ANYTHING from this accident? Are we REALLY doing all that can be done to prevent accidents?

# Block 41

## 41. POINT OF CONTACT FOR INFORMATION OF THE ACCIDENT

a. Name (Last, First, MI):

b. Telephone # DSN:

COM:



**Block 41:** Who Ya Gonna Call?



This is THE POC in the unit that can answer questions about the accident. Usually it is the investigator who completed the AGAR.

Some AGAR's have been reviewed several years after the incident. This information is crucial for effective data clarification

## **Block 42**

<b>42. COMMAND REVIEW</b>	a. Name	c. Rank:
b. Signature		d. Date:

**Block 42:** Command Review, MEANS command review! The commander IS the primary safety officer of each level of command. They may not understand the information in the AGAR, but that is what the Safety Officer/NCO/accident investigator will explain during the accident out brief.

## **Block 43**

<b>43. SAFETY OFFICE REVIEW</b> <b>Date:</b>  a. Name	<b>b.</b>
--	-----------

**Block 43:** Who signs here? In most cases it will be the first safety professional in the chain of command. Until recently, the Division-level safety office was the first step for Safety Office review. New initiatives have placed Safety Professionals into brigades. Division SOPs will dictate who reviews the report.

So, you think you are done?

The next two slides are AGAR reference sheets that can be printed and used to prepare the DA Form 285-AB-R when you are away from access to manuals and reference publication sources.





**DA FORM 285-AB-R,  
ARMY GROUND ACCIDENT REPORT  
(AGAR)  
POCKET REFERENCE CARD**

**INSTRUCTION FOR USE:** This card can be used to provide correctly coded information on the AGAR which normally requires reference to the instructional pamphlet. It provides only those codes for scenarios normally experienced by USAREUR units/activities. Listed codes are the acceptable entries for the corresponding block numbers on the AGAR. If an appropriate entry cannot be located on this card, then DA Pam 385-40 must be referenced.

**NOTE:** This card is a reference only and does not relieve units/activities from any reporting requirements or supplemental information that may be required by regulation.

**Block#8 - Class A** - Army aircraft, missile destroyed; injury or occupational illness results in death or permanent total disability; reportable total property damage \$1 million or more.

**Class B** - Reportable damage >\$200K and <\$1 million; injury or occupational illness results in permanent partial disability; or five or more personnel inpatient hospitalized.

**Class C** - Reportable damage >\$20K and <\$200k; injury or occupational illness results in lost time from duties/work beyond the day the accident occurred. Does not include time individuals would have not normally worked, but does include time assigned to "quarters" if time extends into next normal duty period/shift.

**Class D** - Reportable total property damage is >\$2K but <\$20k.

(continued on next panel)

**Block#5c - UNIT BRANCH:** Two letter identifier for

unit branch - e.g., Infantry - IN, Armor - AR etc.

**Block#5d - MACOM:** 1AD, 1ID, etc (UIC- )

**Block#6B - TYPE LOCATION:**

*Maintenance/fabrication facility*

**A1** - Motor vehicle maintenance facility

**A2** - Aircraft hanger

**A4** - Engineer Facility

**A5** - Other Maintenance Facility

*Travel ways/routes*

**B1** - Pedestrian (sidewalk)

**B2** - Vehicle trail (tracked/tactical)

**B3** - Roadway (curb/shoulder/driveway)

**B4** - Parking lot

**B5** - Aircraft way (flightline/runway)

**B6** - Railroad

*Operational facilities*

**C1** - Office/admin building

**C2** - Communications Facility

**C3** - Construction site

**C4** - Confinement/Law Enforcement Facility

**C6** - Bridge

**C6** - Dam

**C11** - Vessel

*Training areas*

**D1** - Range (small arms/ind wpns)

**D2** - Range (crew-served wpns)

**D3** - Range (aerial gunnery/bombing)

**D5** - Non-firing area (conf/obs crs/NBC/LZ/PZ/DZ)

**D6** - Temporary training areas (assembly/bivouac)

**D7** - EOD Range

*Service Facilities*

**E2** - Chapel/church

**E6** - Medical care facility

**E7** - Fire Station

**E9** - PX

**E10** - Dining Facility

**E15** - Laundry/cleaning Facility

*Terrain/water locations*

**F1** - Sloped terrain (mountain/ditch)

**F2** - wooded terrain

**F3** - Open terrain

**F4** - Moving water (stream/creek/river)

**F5** - Standing water (lake ocean)

*Storage Buildings/Areas*

**G1** - Storage building/bunkers (BLAHA, warehouse)

**G2** - Outside storage area (POL/property disposal)

(continued on next panel)

**Block#6b - TYPE LOCATION (cont'd):**

*Plants & Factories*

**H1** - Heating Plant

**H3** - Electrical Generation Plant

**H5** - Other industrial plants

*Recreation*

**I1** - Indoor facilities

**I2** - Outdoor facilities

*Housing*

**J1** - Family quarters

**J2** - BOQ/BEQ/Barracks

*Terminal Areas*

**K1** - Airport

**K2** - Rail yard/station

**K3** - Port/dock/wharf

**K4** - Vehicle terminal (Bus/truck)

**Block#9:** "Involved" means damaged or use/misuse

contributed to the accident. Includes Army and non-Army property or equipment.

**Block#9e - VEHICLE COLLISION (Type):**

**1** - Going forward and collided w/moving vehicle

**2** - Going forward and collided w/parked vehicle

**3** - Collision while backing

**4** - Collision w/ pedestrian

**5** - Collision w/ other object

**6** - Overtumed

**7** - Ran off road

**8** - Jackknifed

**9** - Moving forward and rear ended moving vehicle

**10** - Moving forward and rear ended stopped vehicle

**11** - Collision while turning

**12** - Other (specify)

**Block#9f - FAILURE MODE:**

**01** - Overheated/melted/burned

**02** - Froze (temperature)

**03** - Obstructed/pinched/clogged

**04** - Vibrated

**05** - Rubbed/worn/frayed

**06** - Corroded/rusted/pitted

**07** - Overpressure/burst

**08** - Pulled/stretched

**09** - Twisted/torqued

**10** - compressed/hit/punctured

**11** - Bent/warped

**12** - Sheared/cut

**13** - Decayed/decomposed

**14** - Electric current action

**97** - Insufficient data

(continued on next panel)

**Block#10** - See **Block#37** for input guidance  
**Block#13 - Personnel Classifications** (most common):  
**a**-Active Army, **b**-Army Civilian, **c**-Army Contractor,  
**d**-NAF, **e**-other US military, **r**-Foreign Nat'l Direct Hire, **s**-Foreign Nat'l indirect Hire, **u**-Foreign Nat'l attached to US Army, **v**-Public, **w**-not reported.

**Block#14 - MOS:** if in military status, must be 5 digit alpha-numeric designator. If technician, must be pay job-plan series/career field ID and Pay grade (WG-2182-09)

**Block#20a - INJURY DEGREE** (enter most severe):  
**A**-Fatality, **B**-permanent total disability, **C**-permanent partial disability, **D**-lost time/days away from work, **E**-restricted work activity/light duty, **F**-First aid only, **G**-No injury (applies only to property damage incidents)

**Block#20b - TYPE INJURY:**  
**NA**-none, **A**-Burns (chem), **B**-Burns (them), **C**-Amputation, **E**-Asphyxiation, **F**-Fracture, **G**-Dislocation, **H**-Abrasion, **I**-Concussion, **J**-Sprain/Strain, **K**-Cuts/lacerations, **L**-Contusion, **M**-Puncture, **N**-Hernia/Rupture, **O**-Frostbite, **P**-Heatstroke, **Q**-Heat exhaustion, **S**-(specify)

**Block#20c - BODY PARTS EFFECTED:**  
**NA**-none, **A**-Body (general, can't specify), **B**-Head, **C**-Forehead, **D**-Eyes, **E**-Nose, **F**-Jaw, **G**-Neck, **H**-Trunk, **I**-Chest, **J**-Heart, **K**-Back, **L**-Shoulder, **M**-Arm, **N**-Wrist, **O**-Hand, **P**-Fingers, **Q**-Leg, **R**-Knee, **S**-Ankle, **T**-Foot, **U**-Toes, **V**-other.

**Block#20d - INJURY CAUSE:**  
**NA**-Not applicable, **A**-Struck against, **B**-Struck by, **C**-Fell from elevation, **D**-Fell from same level, **E**-Caught in/under/between, **F**-Rubbed/abraded, **G**-Bodily reaction, **H**-overexertion, **I**-exposure, **J**-External contact, **K**-Ingested, **L**-Inhaled, **M**-Thrown,

**Block#23 - ACTIVITY/TASK:**  
**A**-Soldiering, **B**-Combat soldiering, **C**-Physical training, **D**-Weapons handling, **E**-Engineering/construction, **F**-communications, **G**-Security/Law enforcement, **H**-Firefighting, **I**-Patient care, **K**-Educational, **P**-Operation vehicle, **R**-Maintenance/service, **S**-Fabricating, **T**-Material/passenger handling, **U**-Housekeeping, **V**-Food prep, **W**-Supervisory, **X**-Office, **Z**-Sports, **BB**-Passenger, **CC**-Human Movement, **DD**-Horseplay, **EE**-Bystanding/Spectator, **FF**-Personal Hygiene/eating/sleeping, **GG**-Parachuting.

(continued on next panel)

**Block#25b - PROTECTIVE EQUIPMENT:**  
**A**-Seatbelt, **B**-Helmet, **C**-Goggles/eye glasses, **D**-Gloves, **E**-Earplugs, **F**-Other (specify).  
**Block#32 - TYPE TRAINING FACILITY:**  
**A**-Garrison, **B**-Local area, **C**-Major Area, **D**-NTC, **E**-JRTC, **F**-CMTC, **G**-Standard Range/live fire, **H**-Other (specify).

**Block#36b - MISTAKE TYPE** - Indicate mistake(s) made by individual in block #1 and for person most responsible for the accident. Explain in narrative.

#### General mistakes / errors

- 01** -Inadequate Planning
- 02** -Failed to lock, block, secure
- 03** -Inadequate insp/check of equipment
- 04** -failed to use req'd equip/guard/sign/signal
- 05** -Operating fatigued/not directed
- 06** -Improper use
- 07** -Improper lifting
- 08** -Failed to take appropriate precautions for environmental conditions (rain/fog/snow/etc.)
- 09** -Improper body position
- 10** -Improperly walked/ran/climbed
- 11** -Failed to remain alert/attentive
- 12** -Failed to ensure adequate clearance
- 13** -Misjudged clearance (improper estimate)
- 14** -Improper weapons handling
- 15** -Improper pry/explosives handling
- 16** -Incorrectly pulled/pushed material
- 17** -Failed to grip/hold equip/material
- 18** -Inadequate crew coord/commo

#### Vehicle/Equipment Specific

- 40** -Excessive speed
- 41** -Improper passing
- 42** -Improper turning
- 43** -Failed to yield Right-of-way
- 44** -Failed to stop (sign/light/etc.)
- 45** -Improperly stopped/parked
- 46** -Improperly backed
- 47** -No ground guide
- 48** -Ground guided improperly
- 49** -Following too close for conditions/speed
- 50** -Driving in wrong lane
- 51** -Improper lane change
- 52** -Improper braking
- 53** -Improper gear shifting
- 54** -Abrupt control/steering (except while turning)
- 55** -Improper mount/dismount

(continued on next panel)

**Block#36b - MISTAKE TYPE** (cont'd)  
**56** -Operated with known malfunction/unsafe mechanical condition

#### Supervisor specific

- 75** -Improper personnel selection for task
- 76** -Knowingly allowed standards/procedures violation
- 77** -Failed to ensure proper personnel positions before operations
- 78** -Failed to adequately inform/brief for mission accomplishment
- 97** -Insufficient info reported to identify

**Block#37 - Mistake** (Root Causes): Choose one or more of the following failures and support (explain) choice:

**Leader**-Known standards/procedures not enforced.  
**Training**-Standards exist, but school, unit, OJT or individual is inexperienced

**Standards**-Standards/procedures don't exist, aren't clear, practical or supportable.

**Support**-Shortcomings in type, quantity, condition of supplies, services, facilities, design, manufacture or personnel.

**Individual**-Standards are known but are not followed.

**Block#38 - ENVIRONMENT/CONDITIONS**

**PRESENT:** **A**-Clear/dry, **B**-Bright/glare, **C**-Dark/dim,

**D**-Fog/condensation/frost, **E**-Mist/rain/sleet/hail, **F**-Snow/ice, **G**-Dust/fumes/smoke/gases, **H**-Noise/static, **I**-Temperature/humidity (cold/hot), **J**-Storm, **K**-Wind, **L**-Vibration/shake, **M**-Radiation/laser/sun, **N**-Holes/rocks/rough/rutted, **O**-Inclined/steep, **P**-Slippery (non-precip), **R**-Lighting or static elec/grounding, **S**-Electromagnetic radiation, **T**-other (specify).

Upon notification of a mishap, activate your Pre-Accident Plan. Complete the AGAR as soon as possible after the mishap. Ensure unit/activity commander has reviewed and signed the AGAR. Forward the completed AGAR to the next higher command Safety activity within the required time frame per AR 385-40

#### SAFETY Telephone POCs

HQUSAREUR Safety DSN: 370-8124

Comm: 49-6221-57-8124

HQ V Corps Safety DSN: 370-5673

USAREUR Duty Officer DSN: 370-8662

Further Assistance Contact:

# **The US Army Europe Safety Office**

*Visit us on the World Wide Web at:*

<http://www.per.hqusaareur.army.mil/services/safetydivision>

DSN: 314-370-8084

COM: (49) 6221-57-8084

Or your local safety office



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